



CONTRACT SIGNATURE PAGE AND INSTRUCTIONS

Save Time and Enroll Online!

www.met4kid.com

EASY STEPS TO ENROLL

1. Read the program information and Contract terms
2. Complete the Contract Signature Page or on-line Contract Purchase available at www.met4kid.com
3. Determine your payment amount
4. Make a check or money order payable to Michigan Education Trust
5. Submit signed Contract Signature Page and check or money order to MET.

Questions? Call 1-800-MET-4-KID
(638-4543)

ENROLL EARLY AND SAVE ON THE PROCESSING FEE:

December 15, 2003 to
February 13, 2004
pay \$55.00 (save \$30)

February 14, 2004 to
April 15, 2004
pay \$85.00

**After April 15, 2004 contract prices are subject to change.*

Contracts will not be accepted
after April 15, 2004

MICHIGAN EDUCATION TRUST

Contract Signature Page

Issued under P.A. 316 of 1986. Filing is voluntary.



Please read the entire Contract and instructions before completing this signature page. Please type or print. Complete all items and be sure to sign the Contract. Mail this form with the necessary payment to Michigan Education Trust at P.O. Box 30198, Lansing, MI 48909 or deliver your Contract to one of the Treasury offices listed in the instructions.

<p>➤ 1. Beneficiary Name (Enter one name only)</p> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;">Last</td> <td style="border-bottom: 1px solid black; width: 70%;">First and MI</td> </tr> </table> <p style="border: 1px solid black; height: 30px; margin-top: 5px;">Street Address</p> <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="border-bottom: 1px solid black; width: 25%;">City</td> <td style="border-bottom: 1px solid black; width: 25%;">State</td> <td style="border-bottom: 1px solid black; width: 50%;">ZIP Code</td> </tr> </table>	Last	First and MI	City	State	ZIP Code	<p>➤ 2. Beneficiary Social Security Number (required)</p> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> </table> <p>➤ 3. Beneficiary Birth Date (mo/dy/yr)</p> <p style="border: 1px solid black; height: 40px; margin-top: 5px;"></p> <p>➤ 4. Beneficiary grade in school as of Sept. 2003</p> <p style="border: 1px solid black; height: 40px; margin-top: 5px;"></p> <p>➤ 5. Age of Beneficiary as of Dec. 1, 2003</p> <p style="border: 1px solid black; height: 40px; margin-top: 5px;"></p>			
Last	First and MI								
City	State	ZIP Code							
<p>➤ 6. Contract Purchaser Name (Enter one name only)</p> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;">Last</td> <td style="border-bottom: 1px solid black; width: 70%;">First and MI</td> </tr> </table>	Last	First and MI	<p>➤ 7. Is the Purchaser age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the Purchaser a designated custodian or a minor under the Michigan Uniform Transfers to Minors Act: (See Instructions.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If you answered no to both questions, DO NOT sign the contract.</p>						
Last	First and MI								
<p>➤ 8. Is the Contract Purchaser address the same as the Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>➤ 9. Purchaser Work Telephone</p> <p style="border: 1px solid black; height: 30px; margin-top: 5px;">()</p> <p>➤ 10. Purchaser Social Security No. or FEIN</p> <p style="border: 1px solid black; height: 40px; margin-top: 5px;"></p> <p>➤ 12. Purchaser's Relationship to Beneficiary. Check one box only.</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other</p>								
<p>➤ Street Address</p> <p style="border: 1px solid black; height: 40px; margin-top: 5px;"></p> <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="border-bottom: 1px solid black; width: 25%;">City</td> <td style="border-bottom: 1px solid black; width: 25%;">State</td> <td style="border-bottom: 1px solid black; width: 50%;">ZIP Code</td> </tr> </table> <p style="border: 1px solid black; height: 30px; margin-top: 5px;">Purchaser E-mail Address (Optional)</p>	City	State	ZIP Code	<p>➤ 9. Purchaser Home Phone</p> <p style="border: 1px solid black; height: 30px; margin-top: 5px;">()</p>					
City	State	ZIP Code							

Complete Items 11 and 13 only if an Appointee is named in Item 16 or 17.

<p>➤ 11. Appointee Name</p> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 40%;">Last</td> <td style="border-bottom: 1px solid black; width: 60%;">First and MI</td> </tr> </table> <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="border-bottom: 1px solid black; width: 40%;">Street Address</td> <td style="border-bottom: 1px solid black; width: 20%;">City</td> <td style="border-bottom: 1px solid black; width: 20%;">State</td> <td style="border-bottom: 1px solid black; width: 20%;">ZIP Code</td> </tr> </table>	Last	First and MI	Street Address	City	State	ZIP Code	<p>➤ 13. Appointee Social Security No. or FEIN</p> <p style="border: 1px solid black; height: 30px; margin-top: 5px;">()</p>
Last	First and MI						
Street Address	City	State	ZIP Code				

You may photocopy this form.

➤ 14. What type of Contract do you wish to purchase?
Check one box only.
☐ Full Benefits ☐ Limited Benefits ☐ Community College

➤ 16. Who shall receive the refund upon Termination if it is not directed to a Higher Education Institution?
Check one box only.
☐ Purchaser ☐ Beneficiary ☐ Appointee

➤ 18. What method of payment? **Check one box only.**
☐ Lump Sum ☐ Monthly Purchase

➤ 20. Monthly Purchase Amount? (See Contract Prices chart)
 \$

➤ 22. Do you consider this information private and wish it to remain confidential?
☐ Yes ☐ No

➤ 24. Do you want online access to your contract information?
Check one box only. ☐ Yes ☐ No

➤ 15. How many semesters (1/2 years) of Tuition do you wish to purchase? 2 semesters equal 1 year **Check one box only.**
☐ 1 sem. ☐ 2 sem. ☐ 3 sem. ☐ 4 sem.
☐ 5 sem. ☐ 6 sem. ☐ 7 sem. ☐ 8 sem.

➤ 17. Who shall receive correspondence? **Check one box only.**
☐ Purchaser ☐ Beneficiary ☐ Appointee

➤ 19. If Monthly Purchase, what duration? **Check one box only.**
☐ 4 years ☐ 7 years ☐ 10 years

➤ 21. What Academic Year is the Beneficiary expected to enter college? (See Price/Academic Year chart)

➤ 23. Is any part of your payment a rollover from a
☐ MESP, ☐ Coverdell ESA,
☐ Other Sec. 529 plan, or ☐ U.S. Savings bonds?
 If Yes, what portion was contribution \$ _____
 earnings \$ _____
 (please attach Rollover of Account Funds Form)

By submitting this Contract Signature Page, I offer to participate in the MET. I certify that I have read the Contract and understand the following:

1. That it is the entire agreement between MET and myself and establishes binding contractual rights for the beneficiary. Therefore, MET cannot honor a request to change a Beneficiary's rights under the contract. Upon acceptance by an authorized MET representative and by my signature, I agree to be bound by the terms and conditions of this Contract. I certify that the information I have provided in this Contract is true to the best of my knowledge.
2. The ability of MET to pay benefits and provide refunds under the contract is not guaranteed by the State of Michigan. The only source of payments for benefits and refunds provided by the Contracts are the assets within Plan D.
3. If a determination is made for MET by a nationally recognized actuary that Plan D does not have funds sufficient to ensure the actuarial soundness of the Plan and if the MET Board determines that there are insufficient numbers of new Contracts to ensure the actuarial soundness of Plan D among the existing Contracts as provided in the Contract, Plan D may be liquidated and the Contract terminated.


Purchaser's Signature	Date
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MET Representative	Date
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Note: MET cannot accept your contract if the amounts are incorrect.

➤ 25. Enter the Prepaid Tuition Amount from the Contract Prices chart (Lump Sum Only) |

➤ 26. One-Time Processing Fee (See Contract Prices chart) | +

➤ 27. **Total**
Add Numbers 25 and 26 and Enter Here  |

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING YOUR MET CONTRACT

Welcome to the Michigan Education Trust (MET) program. In this package, you will find the following charts: Contract Prices, Academic Year, One-Time Processing Fee and all of the information you need to enroll in the program. Please follow all of the instructions carefully. If you have questions, call 1-800-MET-4-KID or (517) 335-4767 in the greater Lansing area.

You may wish to visit MET's Web site at www.met4kid.com. MET continuously updates information such as the types of contracts offered, current contract prices, refund provisions, other related information and provides online contract purchase.

IMPORTANT—You must return:

- 1) the Contract Signature Page,
- 2) payment by certified check, cashier's check or money order made payable to **Michigan Education Trust**.
- 3) If any part of your payment is a rollover from another 529 program, enclose documentation. The account statement should indicate principal and earnings of the rollover amount.
- 4) Mail to: Michigan Education Trust
P.O. Box 30198
Lansing, MI 48909

You May Photocopy the Contract Signature Page if You Wish to Purchase More Than One Contract

PLEASE PRINT OR TYPE

A lump sum Full Benefits Contract can be purchased for beneficiaries in grades 8 and below. A lump sum Limited Benefits or Community College Contract can be purchased for beneficiaries in grades 10 and below. Monthly purchase contracts must be paid before the beneficiary is expected to enter college. Four-year monthly purchase plans can be purchased for beneficiaries in grades 8 and below; 7-year monthly purchase plans can be purchased for beneficiaries in grades 5 and below; and 10-year monthly purchase plans can be purchased for beneficiaries in grades 2 and below.

If any individual listed on the Contract Signature Page has a Jr., Sr., I, II, etc. designation, please write the designation after the last name.

1. Enter the name and address of the Beneficiary (the child who will receive the educational benefits) with last name first, first name and middle initial. To make sure that we get your information correctly, please do not use abbreviations (i.e. St., Dr., Ln., Cr., N., S., etc.).

The Beneficiary must be a Michigan resident at the time the Contract is signed. (Michigan residents who are living outside the State of Michigan due to military assignment remain Michigan residents until they indicate an intent to abandon their domicile in Michigan.)

2. Enter the Beneficiary's social security number and phone number. If the Beneficiary does not have a social security number, proof of application for a social security number must accompany the Contract Signature Page. You may obtain an application for a social security number through a Social Security Administration office. When the Purchaser receives the social security number, he/she must notify the MET office in writing.
3. Enter the Beneficiary's date of birth.
4. Enter the Beneficiary's grade in school as of **September 2003**. If the Beneficiary has not started school or is in preschool or prekindergarten, leave blank.
5. Enter the age of the Beneficiary as of **December 1, 2003**.
6. Enter the name of the Contract Purchaser (one person only). This is the individual responsible for payment and entitled to the State income tax deduction. Once the Contract is accepted by MET, the Purchaser cannot be changed.
7. This Item **must** be completed. MET will not accept this Contract unless the Purchaser is age 18 or older, a designated custodian under the Michigan Uniform Transfers to Minors Act (UTMA), formerly UGMA, or a minor under UTMA. If a minor under UTMA is named as the Purchaser, the designated custodian must sign the Contract Signature Page.
8. Check YES or NO. If YES, the address does **not** need to be entered. If NO, enter the Purchaser's address. (Please do not use abbreviations i.e. St., Dr., Ln., Cr., N., S., etc.).

9. Enter the Purchaser's work phone number and home phone (if different).
10. Enter the Purchaser's social security number or federal employer identification number (FEIN) if the Purchaser is an organization or trust. If the Contract is purchased under UTMA, the Beneficiary's social security number must be used.
11. **Naming an Appointee is Optional:** Enter the name and address (please do not use abbreviations i.e. St., Dr., Ln., Cr., N., S., etc.) of an Appointee only if an individual other than the Purchaser or Beneficiary is being named to receive a refund (Item 16) or to receive correspondence (Item 17). If the Appointee is not selected in Item 16 or 17 (to receive refund or correspondence), the Person named in this Item serves no purpose.
12. Check the Purchaser's relationship to the Beneficiary. **Check one box only.**
13. Enter the Appointee's social security number and phone number. (If a trust or organization is named as the Appointee, enter the federal employer identification number (FEIN) of the trust or organization.)
14. Check the type of contract you wish to purchase. **Check one box only.**
15. Check the number of semesters of Tuition you wish to purchase. Check one box only. If purchasing a Community College Contract, number of semesters cannot exceed four. Two semesters are equivalent to one year of tuition.
16. Check who shall receive the refund upon Termination of the Contract if it is not directed to a Higher Education Institution. Check one box only. **PLEASE NOTE: If the Beneficiary is selected as the Person to receive the refund, the Purchaser may not change this designation once the contract has been accepted by MET.**
17. Check who should receive ongoing correspondence regarding the MET program. **Check one box only.**
18. Check the method of payment. **Check one box only.**
19. Check the number of years you wish to make monthly purchases, 4, 7, or 10. The term of monthly purchases must end before the Beneficiary is expected to enter college.
20. Enter the Monthly Purchase Amount from the Contract Prices chart. MET will notify the Purchaser of the date monthly purchases begin. (Monthly payments will begin either February 25, 2004 or May 25, 2004). **Do not** enter an amount if you are purchasing a lump sum contract.
21. Using the Price/Academic Year chart, enter the year the Beneficiary is expected to enter college based on the age as of December 1, 2003 or grade as of September 2003.
22. If you consider this information confidential, check YES, otherwise check NO.
23. If part of your payment is a rollover from MESP, another Sec. 529 plan, Coverdell ESA or U.S. Savings Bonds, check the appropriate box and provide the principal and earnings amount. Rollover of Account Funds form is available online or by calling the MET office.
24. If you wish to access contract information online, check YES, otherwise check NO.
25. Enter the Prepaid Tuition Amount from the enclosed Contract Prices chart. Select the amount under the number of semesters you wish to purchase. If purchasing a monthly purchase contract, enter zero.
26. Enter the amount of the processing fee from the One-Time Processing Fee chart. This processing fee is required with each Contract Signature Page submitted.
27. Add the Prepaid Tuition Amount (Item 25) and the Processing Fee (Item 26) and enter the sum as the Total Contract Price. Payment is to be made by certified check, cashier's check, or money order payable to **Michigan Education Trust.**

Purchaser's Signature

The individual named in Item 6 must sign and date the Contract Signature Page. If the individual named in Item 6 is a minor under UTMA, the custodian must sign and date the Contract Signature Page. If the Purchaser is an organization, an authorized officer of the organization must sign and date the Contract Signature Page. If the Purchaser is a trust, the trustee must sign and date the Contract Signature Page.

Change of Address

A MET Contract is a legal document and requires any change of address (for the Purchaser, Beneficiary, or Appointee) be made in writing to MET.

Change of Appointee

If the Purchaser wishes to change the Refund Designee in Item 16 or the Appointee in Item 11, he/she must submit a written notarized statement to MET. In the event the Purchaser is deceased and he/she is also named as the Refund Designee, MET requires legal documents such as a death certificate and an indemnification certification form from the personal representative.

TREASURY OFFICES

All offices are open from 8 a.m. to 5 p.m. unless otherwise stated.

DETROIT

Cadillac Place

3060 W. Grand Blvd., Suite 2-200

(313) 456-4346

ESCANABA

State Office Building, Room 7

305 Ludington St.

(906) 786-6339 • (open 8–12 only)

FLINT

State Office Building, 7th Floor

125 E. Union St.

(810) 760-2782 • (closed 12–1)

GRAND RAPIDS

State Office Building, 3rd Floor

350 Ottawa St., NW

(616) 356-0300

LANSING

MET Office

430 W. Allegan

(517) 335-4767

STERLING HEIGHTS

41300 Dequindre, Ste. 200

(586) 997-0801

TRAVERSE CITY

701 S. Elmwood Ave.

(231) 922-5244 • (open 8–12 only)